

## **APPLICATION DATA SHEET**

### **Applicant Information**

Application Type::	Regular
Subject Matter::	Utility
Title::	Expression Profiles for Colon Cancer and Methods of Use
Attorney Docket Number::	5151

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Deepa
Middle Name::	
Family Name::	Eveleigh
City of Residence::	West Haven
State or Province of Residence::	Connecticut
Country of Residence::	US
Street of mailing address::	81 Sorensen Road
City of mailing address::	West Haven
State or Province of mailing address::	Connecticut
Country of mailing address::	US
Postal or Zip Code of mailing address::	06516

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Douglas
Middle Name::	
Family Name::	Bigwood
City of Residence::	Madison
State or Province of Residence::	Connecticut

Country of Residence:: US  
 Street of mailing address:: 72 Kelsey Springs Drive  
 City of mailing address:: Madison  
 State or Province of mailing address:: Connecticut  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 06443

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: Ian  
 Middle Name::  
 Family Name:: Taylor  
 City of Residence:: Madison  
 State or Province of Residence:: Connecticut  
 Country of Residence:: US  
 Street of mailing Address:: 149 Country Way  
 City of mailing Address:: Madison  
 State or Province of mailing address:: Connecticut  
 Country of Mailing address:: US  
 Postal or Zip Code of mailing address:: 06443

**Correspondence Information**

Correspondence Customer Number:: 35969

**Representative Information**

Representative Customer Number:: 35969

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/442,582	01/24/03

**Assignee Information**

Assignee name:	Bayer Pharmaceuticals Corporation
Street of mailing address:	400 Morgan Lane
City of mailing address::	West Haven
State or Province of mailing address::	Connecticut
Country of mailing address::	US
Postal or Zip Code of mailing address::	06516